# FORM D



#### UNITED STATES

SECURITIES AND EXCHANGE COMMUNICATION
Washington, D.C. 20549

FORM D

OMB Number:

Prefix

3235-0076

ires: November 30, 2001

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OMB APPROVAL

NOTICE OF SALE OF SECURKAES PURSUANT TO REGULATION E SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMP

155

SEC USE ONLY
Serial

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	11200
Mayfield X Annex, a Delaware Limited Partnership	117 ) > (e)
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506  Type of Filing:  Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Mayfield X Annex, a Delaware Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 250, 2800 Sand Hill Road, Menlo Park, CA 94025	Telephone Number (Including Area Code) 650-854-5560
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Venture Capital Investment	PROCESSED
Type of Business Organization  Corporation  Dusiness trust  Imited partnership, already formed  Under the partnership, to be formed  Other	(please specify): THOMSON
Actual or Estimated Date of Incorporation or Organization:    Month Year     0 3   0 2	FINANCIAL Actual

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DATA	The state of the s	There exists	e e la maria de la maria e la como e
<ul><li>Each beneficial own</li><li>Each executive offi</li></ul>	ne issuer, if the issuer l ner having the power t	wing: has been organized within the o vote or dispose, or direct of porate issuers and of corpor		% or more of a class o		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	$\boxtimes$	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Mayfield X Annex Mana	gement, L.L.C.					
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)				
Suite 250, 2800 Sand Hil	l Road, Menlo Park	x, CA 94025				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and Stre	et City State Zin Code)	<u> </u>		,	
Suite 250, 2800 Sand Hil	·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre Suite 250, 2800 Sand Hil	,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Fong, Kevin A.	f individual)					
Business or Residence Addre Suite 250, 2800 Sand Hil	•					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Heidrich, A. Grant, III	f individual)					
Business or Residence Addre Suite 250, 2800 Sand Hil		•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre Suite 250, 2800 Sand Hil				-		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Levinthal, Michael J.	f individual)					
Business or Residence Addre Suite 250, 2800 Sand Hil						
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Check Box(es) that Apply:	$\boxtimes$	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)					 		
Morgan, Allen L.		,							
Business or Residence Addre	ss (Nu	mber and Stree	et, City	, State, Zip Code)					
Suite 250, 2800 Sand Hil	l Road	l, Menlo Park,	CA 9	94025					
Check Box(es) that Apply:	$\boxtimes$	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)							
Unger, William D.	(NI	hd C+	. C:+	. Santa 7:- Cada)			 		
Business or Residence Addre Suite 250, 2800 Sand Hil				· ·					
					$\neg$	Ei Officer	Dinastan	_	C11/
Check Box(es) that Apply:		Promoter	_ U	Beneficial Owner		Executive Officer	 Director		General and/or Managing Partner
Full Name (Last name first, i		idual)							
Van Auken, Wendell G.,	Ш								·
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
Suite 250, 2800 Sand Hil	Road	l, Menlo Park,	CA 9	04025					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	indiv	idual)							
Vasan, Robin T.							 		<del></del>
Business or Residence Addre Suite 250, 2800 Sand Hil						• .			
Check Box(es) that Apply:	$\boxtimes$	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, in	indivi	idual)		•					
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
	_								
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, in	indivi	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)	<u> </u>				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it	indivi	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it	indivi	idual)							
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					

		·			B.	INFOR	MATION	ABOUT OI	FFERING			: .	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No ⊠			
1.	Answer also in Appendix, Column 2, if filing under ULOE.							••••••	Ц				
2.										.\$	N/A		
3 Does the offering permit joint ownership of a single unit?									Yes ⊠	No			
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar</li> </ol>													
	remuner	ation for so	licitation of p	urchasers in	connection v	vith sales of s	ecurities in th	ne offering. I	f a person to l	oe listed is ar	associated		
				aler registere are associate									
	dealer of		st, if individ	ual)					· · · · · · · · · · · · · · · · · · ·				
runr	vaine (L	asi name m	st, ii iiidiviti	uai)									
Busin	ess or R	esidence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)							
Name	of Asso	ociated Brok	er or Dealer							<del> </del>			
rume	01 71330	ciated Dior	cer or Dealer										
States	in Whi	ch Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Cl	neck "Al	ll States" or	check indivi	duals States)	***************************************	***************************************	•••••					☐ A	I States
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[F	U]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	Iame (La	ast name fir	st, if individu	ıal)	<u> </u>					•			
Busin	ess or R	esidence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name	of Asso	ciated Brok	er or Dealer										
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	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
	AT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	u]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (La	ast name fir	st, if individu	ıal)				<del></del>					
Busin	ess or R	esidence Ac	idress (Numi	er and Street	t. City. State	. Zip Code)							
											<u></u> _		
Name	of Asso	ciated Brok	er or Dealer										
States	in Whic	ch Person L	isted Has Sol	licited or Inte	nds to Solic	it Purchasers							······································
(Cł	neck "Al	l States" or	check indivi	duals States)								☐ Al	1 States
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[N	AT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	U]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				(Use b	olank sheet.	or copy and u	se additiona	copies of th	is sheet, as n	ecessary)			

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$_40,000,000	\$_31,308,177_
	Other (Specify)	\$	\$
	Total	\$ 40,000,000	\$ <u>31,308,177</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	40	\$ <u>31,308,177</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and		*
	check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
			\$ \$
	Transfer Agent's Fees		\$ \$ \$100,000
	Transfer Agent's Fees  Printing and Engraving Costs		\$\$ \$\$ \$\$
	Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees		\$
	Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees		\$ \$
	Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees		\$\$ \$\$ \$\$ \$\$

	C. OFFERING PR	CE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PRO	CEEDS	
	total expenses furnished in response to Part C - C	fering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross	d		\$ 39,900,000
5.	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each se is not known, furnish an estimate and check the box to ted must equal the adjusted gross proceeds to the issuer	the	·	
			Paymen Officers, Dir Affilia	rectors &	Payments To Others
	Salaries and fees		. 🛭 \$	0	<b>\$</b>
	Purchase of real estate		. 🗆 \$		<b>\$</b>
	Purchase, rental or leasing and installation of ma	chinery and equipment	\$		□ \$
	Construction or leasing of plant buildings and fa	cilities	\$		☐ \$
	Acquisition of other businesses (including the vaused in exchange for the assets or securities of an	alue of securities involved in this offering that may be nother issuer pursuant to a merger)	. 🗆 \$		<b>\$</b>
	Repayment of indebtedness		□ \$		□ \$
	Working capital		□ \$		<b>⊠</b> \$ <u>39,900,000</u>
	Other (specify):		□ \$		<u> </u>
	Column Totals		⊠ s	0	<b>⊠</b> \$_39,000,000
	Total Payments Listed (column totals added	i)		\$ <u>·39,900</u>	0,000
		D. FEDERAL SIGNATURE			
unde		undersigned duly authorized person. If this notice is filed und Exchange Commission, upon written request of its staff, 02.			
	er (Print or Type)	Signature	ate		
	rfield X Annex, a Delaware Limited Partnership ne of Signer (Print or Type)	Title of Signer (Print or Type)	May 15, 2002		
	len L. Morgan	Managing Member of General Partner, Mayfield X A	nnex Managem	ent, L.L.C.	
		ATTENTION			
	Intentional Misstatements or On	nissions of Fact Constitute Federal Criminal Violatic	ons. (See 18. U	J.S.C. 1001	.)